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ABSTRACT

The focus of the AIDS (Acquired Immune Deficiency Syndrome) Peer Educators project (based on Kohlberg's Cognitive Stage Theory of the Development of Moral Judgement) is to change behavior using a peer-based approach. Good mental preparation is essential if the Peer Educator is to be effective, for the AIDS Peer Educator is frequently required to help students resolve issues the AIDS Peer Educator may not have yet resolved for themselves. Additionally, there are a number of mental traps into which an AIDS Peer Educator can fall. This intervention model, loosely based on reality therapy. provides a useful framework from which the AIDS Peer Educators can base their specific interventions. The most significant aspect of the model is that it allows the AIDS Peer Educator to adjust the intervention to meet the individual student's developmental stage. The assessment phase of the model is the most critical and demands the most discipline on the part of the AIDS Peer Educator. The effective AIDS Peer Educator slowly illicits information and tests his or her understanding of the student's behaviors and motivations. Interventions take many forms, but should be based on the student's needs and developmental level, not with the feelings of the AIDS Peer Educator. With rare exceptions, an AIDS Peer Educator will need to engage in a series of interventions and provide support until the student is able to internalize the safer behaviors. (ABL)

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AIDS EDUCATION:

Effective Behavior Change Using a Peer Based Model

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ACPA
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Lawrence Kohlberg's

Cognitive Stage Theory of the Development of Moral Judgement

The central concept of Kohlberg's theory is that there are stages of moral development. Moral judgement is described as proceeding through various stages of development. A moral stage represents a mode or structure of thought. Each stage is qualitatively different in its structure from other stages.

When determining what the structure is, one is concerned with HOW the judgements are made (the WHYs not the whats). The structure of moral thought includes such components as the rule or decision-making system, the problem-solving strategy, the social perspective and the underlying logic employed in making a moral choice.

It is important for the Peer Educator to realize that ANY behavior is possible at any given stage of moral development. It is the rationale for that behavior that differentiates the stage of moral development. Each stage of moral reasoning reflects a different basis for deciding what is just, fair or the right way to resolve a moral dilemma.

An individual can understand the reasoning of all the levels below his/her current stage at one level above. However, to affect behavior, an intervention must be made at the person's current stage of moral development.

Kohlberg suggests that moral development can be stimulated when there is (1) exposure to the next highest level of moral reasoning: (2) exposure to a stimulus that poses a conflict or contradiction in current modes of moral reasoning; and (3) an open atmosphere for dialogue in which conflicting moral views can be compared.

The cognitive development theory holds that the stages of moral development are universal. The basic structure of thought that differentiates one stage from another will be found in all cultures: whereas the "content" of each stage represents the various values that a person holds. These values are relative and may be culturally or socially determined, but the basic structure of each stage is NOT culturally determined.

DESCRIPTION OF THE STAGES OF MORAL DEVELOPMENT

Stage I: The Absolute Stage (All or Nothing)

—The person responds to punishment and reward
—There is no recognition of others interests
—The world is viewed in dualistic terms (i.e. good/evil, hot/cold, etc.)

Positive Behavior: "I use condoms because of fear of death"

Negative Behavior: "It doesn't feel good and if she gets pregnant or AIDS, she'll leave school anyway".

Stage II: The Individualistic Stage (Dog Eat Dog)

—The takers--acting to meet ones own needs.
—The social perspective is everyone for himself.
—The person is still self-oriented and is willing to bargain for reciprocity.
—The person wants to get the maximum for the minimum.

Positive Behavior: "If I use condoms, I can get more women to have sex with me."

Negative Behavior: "It doesn't feel good to me and besides my partner will have sex with me even if we don't use condoms, so why bother"

Stage III: The Interpersonal Stage (Good Friend)

—Person wants to be "good friend"; places themselves in other person's shoes.
—The person is driven by their society or by individual support group, but not the society beyond.
—Empathy, loyalty, trust and respect are important.

Positive Behavior: "I use condoms because I would not want the other person having unsafe sex with me".

Negative Behavior: I want to use condoms but my partner does not like it. It seems like I don't trust him/her if I push the issue"

Stage IV: The Social System Stage (Conscience)

—Laws and rules are important because their goal is to benefit society.
—Laws are to be upheld to avoid breakdown of the system.
—Stage IV is similar to Stage III but the conscience is involved in Stage IV.

Positive Behavior: "I practice safer sex because it is my duty to help slow down the AIDS virus".

Negative Behavior: "I don't need to practice safer sex. I am clean and I won't be passing on the virus".

Stage V: The Social Contract (Legalistic)

—Life and liberty to be upheld regardless of majority opinion; moral and legal points are considered.
—Laws are needed to maintain order.
—Differences are valued and accepted.
—Laws may be changed if it will benefit the greatest number of people.

Stage VI: The Universal Principle Stage

—Decisions are made in accord with self-chosen ethical principles appealing to universality and consistency.
—There is respect for human dignity and equality of human rights.
—People are ends in themselves and must be treated as such.

INTERVENTION AND OPPORTUNITIES

I. PEER EDUCATOR MENTAL PREPARATION

The focus of the AIDS Peer Educator project is to change behavior using a peer based approach. Good mental preparation is essential if the Peer Educator is to be effective as the AIDS Peer Educator is frequently required to help students resolve issues the AIDS Peer Educator may not have yet resolved for themselves. Additionally, there are a number of mental traps into which an AIDS Peer Educator can fall (i.e. dealing with one's own inability to always use safer practices, the emotional need to be omnicient about AIDS, being labelled as gay by residents, etc.,). To make effective interventions, the AIDS Peer Educator must consider the following:

A. S/he (the AIDS Peer Educator) has something very important to offer

B. Convince the student s/he has something important to contribute

C. Choose the appropriate time for an intervention

D. Choose the proper setting for an intervention

E. Be specific and behavioral (things the student can change)

F. Use the student's own language and terms

G. Use the most effective style, considering the needs of the student

II. INTERVENTION MODEL

The Stony Brook intervention model is loosely based on the reality therapy model. The model provides a useful framework from which the AIDS Peer Educators can base their specific interventions. The most significant aspect of the model is that it allows the AIDS Peer Educator to adjust the intervention to meet the individual students' developmental stage. The model has changed little since the beginning of the AIDS Peer Educator project.

A. ASSESSMENT

The assesment phase of the model is the most critical and demands the most discipline on the part of the AIDS Peer Educator. There is a tendency to make a quick assessment so as to make the intervention. However, the AIDS Peer Educator needs to gather as much information as possible before making an intervention. The effective AIDS Peer Educator slowly illicits information and tests her/his understanding of student's behaviors and motivations.

1. Recognition of Opportunities (seeing teachable moments)
2. Engagement (making contact with the student with whom the AIDS Peer Educator wants to intevene)
    a. Build a relationship with the student
    b. Establish credibility on the subject of safer sex
    c. Assess current student behaviors (i.e. what safer behaviors have already been adopted, risky behaviors, moral reasoning underlying behaviors, etc.,).
    d. Assess the dynamics affecting student's current behavior
        1. Feelings of invulnerability
        2. Engaging in experimental behaviors
        3. Stress, nutrition, and health
        4. Peer pressure
        5. Gender differences
        6. Denial (being sexually inactive by word, but sexually active by deed.
        7. Sexual assault
        8. Substance use and abuse
        9. Cultural needs
    e. Assess skills needed for student to employ safer practices (i.e. assertiveness, ability to talk openly about sex, etc.,)
    f. Assess student's basis for current decision-making.

B. INTERVENTION

Once an accurate assessment has been made, an AIDS Peer Educator can begin an appropriate intervention. Interventions can take many forms, but should be based on the student's needs and developmental level, not what the AIDS Peer Educator feels the most comfortable with. By using a peer based model, it is more probable the AIDS Peer Educator will attempt an intervention at or near the developmental level of the student. The use of Kohlberg helps the AIDS Peer Educator determine the appropriate questions, which usually leads to more effective series of interventions.

1. Provide necessary risk reduction information
2. Process student's feeling and attitudes
3. Involve the student in assessing her/his own behavior
    a. Is the behavior helping the student?
    b. Is it putting them at risk?
    c. What are the possible consequences?
    d. What are the possible effects on others?
4. Involve student in developing action plan
    a. Is it simple and clear?
    b. Is it short and able to be broken down into small parts?
    c. Is it something the student will actually do?
    d. Is the behavior specific?
    e. Can the behavior be repeated?
    f. Is the behavior immediately gratifying?
    g. Urge the student to assume responsibility for their choices and actions.
5. Assist the student in practicing necessary skills
6. Elicit a commitment from the student to try the plan
    a. Reinforce the student's plan
    b. The student must decide to carry out the plan
7. Assist the student in developing reinforcement mechanisms

C. FOLLOW-UP

With rare exceptions, an AIDS Peer Educator will need to engage in a series of interventions and provide support until the student is able to internalize the safer behaviors. Again the follow-up may take a variety of forms, but the most important aspect is that the reinforcement mechanism(s) match the student's developmental level. As the need for follow-up diminishes, the AIDS Peer Educator should help the student maintain their safer behaviors as the student moves on to higher developmental levels.

1. Assess impact of the intervention on the behavior of the student
2. Provide ongoing support of the student's behavior change

III. MEASURES OF PROGRAM EFFECTIVENESS

A. Self reportsof students
B. Number of student initiated contacts with peer educators
C. Observation of positive behaviors
D. Number of student initiated follow-up contacts
E. Student openness about sexuality
F. Student discussion of prevention issues
G. Student requests for condoms
    1. From the AIDS Peer Educator
    2. From other students

This program is dedicated in memory of Dr. Ralph Johnston, friend, AIDS educator, mentor and the spirit on which this program was founded.